

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

20 F STREET, NW

SUITE 310 C

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00325936

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer DR. SIDNEY LEVITSKY

Signature of Treasurer

DR. SIDNEY LEVITSKY

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

## SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
01 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2013</span>		<span style="border: 1px solid black; padding: 2px;">87405.55</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">87405.55</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">42443.00</span>	<span style="border: 1px solid black; padding: 2px;">42443.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">129848.55</span>	<span style="border: 1px solid black; padding: 2px;">129848.55</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">2523.96</span>	<span style="border: 1px solid black; padding: 2px;">2523.96</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">127324.59</span>	<span style="border: 1px solid black; padding: 2px;">127324.59</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 01 / 01 / 2013

To:

 M M / D D / Y Y Y Y Y  
 01 / 31 / 2013
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

39145.00

39145.00

(ii) Unitemized .....

3298.00

3298.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

42443.00

42443.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

42443.00

42443.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

42443.00

42443.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

42443.00

42443.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	423.96	423.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	423.96	423.96
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	2100.00	2100.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	2100.00	2100.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2523.96	2523.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2523.96	2523.96

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	42443.00	42443.00
34. Total Contribution Refunds (from Line 28(d)) .....	2100.00	2100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	40343.00	40343.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	423.96	423.96
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	423.96	423.96

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. KEVIN D. ACCOLA**

Mailing Address 5743 CRANES POINT COURT

City State Zip Code  
 ORLANDO FL 32839

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CV SURGERY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 28 / 2013

Transaction ID : SA11AI.4125

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. DR. MARK S. ALLEN**

Mailing Address 2380 HARDWOOD COURT

City State Zip Code  
 ROCHESTER MN 55902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MAYO CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

01 / 23 / 2013

Transaction ID : SA11AI.4116

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. DR. MARK S. ALLEN**

Mailing Address 2380 HARDWOOD COURT

City State Zip Code  
 ROCHESTER MN 55902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MAYO CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

01 / 27 / 2013

Transaction ID : SA11AI.4199

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1730.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. JOSEPH J. AMATO**

Mailing Address 445 EAST NORTH WATER STREET

City State Zip Code  
 CHICAGO IL 60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 28 / 2013

Transaction ID : SA11AI.4127

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. DR. CARL BACKER**

Mailing Address 225 EAST CHICAGO AVENUE

City State Zip Code  
 CHICAGO IL 60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHILDREN'S SURGICAL FOUNDATION

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 27 / 2013

Transaction ID : SA11AI.4202

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. DR. JOSEPH E. BAVARIA**

Mailing Address 3400 SPRUCE STREET

City State Zip Code  
 PHILADELPHIA PA 19104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF PENNSYLVANIA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 29 / 2013

Transaction ID : SA11AI.4250

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1865.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. THOMAS M. BEAVER**

Mailing Address 11452 27TH AVENUE

City State Zip Code  
**GAINESVILLE FL 32608**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**UNIVERSITY OF FLORIDA**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**01 / 28 / 2013**

Transaction ID : SA11AI.4129

Amount of Each Receipt this Period

**500.00**

Full Name (Last, First, Middle Initial)

**B. DR. JOHN H. CALHOON**

Mailing Address 24 ARNOLD PALMER

City State Zip Code  
**SAN ANTONIO TX 78257**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**UNIVERSITY OF TEXAS**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**01 / 27 / 2013**

Transaction ID : SA11AI.4206

Amount of Each Receipt this Period

**1000.00**

Full Name (Last, First, Middle Initial)

**C. DR. ANDREA J. CARPENTER**

Mailing Address 7703 FLOYD CURL

City State Zip Code  
**SAN ANTONIO TX 78229**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**UT HEALTH SCIENCE CENTER**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**01 / 28 / 2013**

Transaction ID : SA11AI.4131

Amount of Each Receipt this Period

**500.00**

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**2000.00**



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. DR. ROBERT J. CERFOLIO

Mailing Address 260 CAHABA OAKS TRAIL

City	State	Zip Code
INDIAN SPRING	AL	35124

FEC ID number of contributing federal political committee.

C

Name of Employer

UNIVERSITY OF ALABAMA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	29	/	2013

Transaction ID : SA11AI.4252

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR. JOSEPH C. CLEVELAND

Mailing Address 9176 EAST WESLEY AVENUE

City	State	Zip Code
DENVER	CO	80231

FEC ID number of contributing federal political committee.

C

Name of Employer

UNIVERSITY OF COLORADO

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	27	/	2013

Transaction ID : SA11AI.4208

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR. JOHN V. CONTE

Mailing Address 2903 MT. SNOW

City	State	Zip Code
ELLICOTT CITY	MD	21042

FEC ID number of contributing federal political committee.

C

Name of Employer

JOHNS HOPKINS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	29	/	2013

Transaction ID : SA11AI.4254

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

3000.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. MARK FERGUSON**

Mailing Address 5772 SOUTH GARFIELD

City  
HINSDALE

State Zip Code  
IL 60521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF CHICAGO

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 28 / 2013

Transaction ID : SA11AI.4137

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. DR. RICHARD K. FREEMAN**

Mailing Address 11685 BRADFORD PLACE

City  
CARMEL

State Zip Code  
IN 46033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST. VINCENT MEDICAL GROUP

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 28 / 2013

Transaction ID : SA11AI.4139

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. DR. DAVID A. FULLERTON**

Mailing Address 275 LAFAYETTE STREET

City  
DENVER

State Zip Code  
CO 80218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF COLORADO

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 27 / 2013

Transaction ID : SA11AI.4214

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. FREDERICK L. GROVER**

Mailing Address 3000 EAST CEDAR AVENUE

City  
DENVER

State Zip Code  
CO 80209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF COLORADO

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 27 / 2013

Transaction ID : SA11AI.4216

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. DR. JOHN W. HAMMON**

Mailing Address 1001 DALTON ROAD

City  
LEWISVILLE

State Zip Code  
NC 27023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 28 / 2013

Transaction ID : SA11AI.4141

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. DR. JOHN R. HANDY**

Mailing Address 16955 OLD RIVER DRIVE

City  
LAKE OSWEGO

State Zip Code  
OR 97034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PROVIDENCE MEDICAL GROUP

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 29 / 2013

Transaction ID : SA11AI.4256

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. JOHN L. HARLAN**

Mailing Address 2871 ACTON ROAD

City

BIRMINGHAM

State

AL

Zip Code

35243

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT SURGEONS

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 29 / 2013

Transaction ID : SA11AI.4259

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. DR. GEORGE L. HICKS**

Mailing Address 601 ELMWOOD HILL LANE

City

ROCHESTER

State

NY

Zip Code

14642

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF ROCHESTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 28 / 2013

Transaction ID : SA11AI.4143

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. DR. KEITH HORVATH**

Mailing Address 4622 CHARLESTON TERRACE, NW

City

WASHINGTON

State

DC

Zip Code

20007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JOHNS HOPKINS

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 29 / 2013

Transaction ID : SA11AI.4292

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. JOHN S. IKONOMIDIS**

Mailing Address 25 COURTENAY DRIVE

City State Zip Code  
 CHARLESTON SC 29464

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 MEDICAL UNIVERSITY OF S.C.

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 28 / 2013

Transaction ID : SA11AI.4145

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. DR. DAVID R. JONES**

Mailing Address 3303 ROSEWOOD LANE

City State Zip Code  
 CHARLOTTESVILLE VA 22903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 UNIVERSITY OF VIRGINIA

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 28 / 2013

Transaction ID : SA11AI.4147

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. DR. JOHN J. KELEMEN**

Mailing Address 2143 COLUMBINE TERRACE

City State Zip Code  
 SALINA KS 67401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 SALINA REGIONAL HEALTH CENTER

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 28 / 2013

Transaction ID : SA11AI.4149

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. EDWARD R. KOFSKY**

Mailing Address 118 ST. ANDREWS COURT

City

WINCHESTER

State

VA

Zip Code

22602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	3

Transaction ID : SA11AI.4114

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. DR. NICHOLAS T. KOUCHOUKOS**

Mailing Address 25 PICARDY LANE

City

ST. LOUIS

State

MO

Zip Code

63124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT&amp;V SURGEONS

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	3

Transaction ID : SA11AI.4263

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. DR. JEFFREY KRAMER**

Mailing Address 5750 WARD PARKWAY

City

KANSAS CITY

State

MO

Zip Code

64113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KANSAS UNIVERSITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	3

Transaction ID : SA11AI.4294

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1300.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. JAVIAR A. LAFUENTE**

Mailing Address 875 NORTH ELDRIDGE PARKWAY

City State Zip Code  
 HOUSTON TX 77079

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 METHODIST HOSPITAL

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 29 / 2013

Transaction ID : SA11AI.4267

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. DR. STEPHEN J. LAHEY**

Mailing Address 60 BRADFORD WALK

City State Zip Code  
 FARMINGTON CT 06032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 UNIVERSITY OF CONNECTICUT

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 28 / 2013

Transaction ID : SA11AI.4153

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. DR. RAJ B. LAL**

Mailing Address 2809 MEYERS ROAD

City State Zip Code  
 OAK BROOK IL 60523

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 27 / 2013

Transaction ID : SA11AI.4220

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. RICHARD LEE**

Mailing Address 8025 BONHOMME

City  
CLAYTON

State Zip Code  
MO 63105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST. LOUIS UNIVERSITY

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 27 / 2013

Transaction ID : SA11AI.4222

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. DR. ROBERT B. LEE**

Mailing Address 201 GILLESPIE ROAD

City  
FRANKLIN

State Zip Code  
TN 37067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VANDERBILT UNIVERSITY

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 28 / 2013

Transaction ID : SA11AI.4155

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. DR. SYDNEY LEVITSKY**

Mailing Address 160 TREMONT STREET

City  
BOSTON

State Zip Code  
MA 02111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HARVARD MEDICAL SCHOOL

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 28 / 2013

Transaction ID : SA11AI.4157

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. CHARLES LUTZ**

Mailing Address 104 UNION AVENUE

City  
SYRACUSE

State Zip Code  
NY 13203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDIAC SURGERY ASSOCIATES

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2013

Transaction ID : SA11AI.4118

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. DR. THOMAS MACGILLIVRAY**

Mailing Address 112 MOUNT VERNON STREET

City  
BOSTON

State Zip Code  
MA 02108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MASSACHUSETTS GENERAL HOSPITAL

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 28 / 2013

Transaction ID : SA11AI.4163

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. DR. MITCHELL J. MAGEE**

Mailing Address 6457 NORWAY

City  
DALLAS

State Zip Code  
TX 75230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTHWEST CT SURGEONS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

01 / 27 / 2013

Transaction ID : SA11AI.4224

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1115.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. M. BLAIR MARSHALL**

Mailing Address 5914 CHESTERBROOK ROAD

City State Zip Code  
 MCLEAN VA 20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDSTAR HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 28 / 2013

Transaction ID : SA11AI.4165

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. DR. THOMAS L. MATTHEW**

Mailing Address 7105 QUIET RETREAT COURT

City State Zip Code  
 NIWOT CO 80503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COLORADO HEALTH MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 29 / 2013

Transaction ID : SA11AI.4269

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. DR. JOHN E. MAYER**

Mailing Address 44 SKYLINE DRIVE

City State Zip Code  
 WELLESLEY MA 02482

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHMC CV SURGERY FOUNDATION

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 27 / 2013

Transaction ID : SA11AI.4228

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. WALTER MERRILL**

Mailing Address 3701 WEST END AVENUE

City State Zip Code  
 NASHVILLE TN 37205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 VANDERBILT UNIVERSITY

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2013

Transaction ID : SA11AI.4167

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. DR. R. SCOTT MITCHELL**

Mailing Address 223 GREER ROAD

City State Zip Code  
 WOODSIDE CA 94062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 STANFORD UNIVERSITY

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2013

Transaction ID : SA11AI.4171

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. DR. KEITH S. NAUNHEIM**

Mailing Address 52 MIDDLESEX DRIVE

City State Zip Code  
 ST. LOUIS MO 63144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 ST. LOUIS UNIVERSITY

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2013

Transaction ID : SA11AI.4230

Amount of Each Receipt this Period

1020.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2385.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. MARK B. ORRINGER**

Mailing Address 1389 TOWSLEY

City

ANN ARBOR

State

MI

Zip Code

48109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF MICHIGAN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 28 / 2013

Transaction ID : SA11AI.4173

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. DR. G. ALEXANDER PATTERSON**

Mailing Address 3108 QUEENY

City

ST. LOUIS

State

MO

Zip Code

63105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WASHINGTON UNIVERSITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 27 / 2013

Transaction ID : SA11AI.4232

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. DR. RONALD L. POHL**

Mailing Address 4452 INDIAN HILL DRIVE

City

LIMA

State

OH

Zip Code

45806

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 29 / 2013

Transaction ID : SA11AI.4298

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. AIDAN A. RANEY**

Mailing Address 447 OLD NEWPORT BOULEVARD

City State Zip Code  
 NEWPORT BEACH CA 92663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 28 / 2013

Transaction ID : SA11AI.4175

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. DR. MARK E. SAND**

Mailing Address 1401 NORTH NEW YORK AVENUE

City State Zip Code  
 WINTER PARK FL 32781

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDIOVASCULAR SURGERY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 28 / 2013

Transaction ID : SA11AI.4177

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. DR. STEVEN M. SCHWARTZ**

Mailing Address 13372 VIA ARRIBA DRIVE

City State Zip Code  
 SARATOGA CA 95070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SAN JOSE CARDIAC SURGERY GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 29 / 2013

Transaction ID : SA11AI.4302

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. DR. DAVID M. SHAHIAN

Mailing Address 31 CRESCENT LANE

City State Zip Code  
 SUDBURY MA 01776

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 MASSACHUSETTS GENERAL HOSPITAL

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 28 / 2013

Transaction ID : SA11AI.4179

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR. RICHARD J. SHEMIN

Mailing Address ONE CENTURY DRIVE

City State Zip Code  
 LOS ANGELES CA 90067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 UCLA

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 27 / 2013

Transaction ID : SA11AI.4238

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR. JOSHUA R. SONNETT

Mailing Address 22 DEERHILL DRIVE

City State Zip Code  
 HOHOKUS NJ 07423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 COLUMBIA UNIVERSITY

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 27 / 2013

Transaction ID : SA11AI.4240

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. ALAN M. SPEIR**

Mailing Address 9441 BRIAR LANE

City  
DELA PLANE

State Zip Code  
VA 20144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CV&T SURGERY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 28 / 2013

Transaction ID : SA11AI.4183

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. DR. THORALF M. SUNDT**

Mailing Address 8 ACORN STREET

City  
BOSTON

State Zip Code  
MA 02108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MASSACHUSETTS GENERAL HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 28 / 2013

Transaction ID : SA11AI.4185

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. DR. JESS L. THOMPSON**

Mailing Address 2117 EAST GOLF

City  
TEMPE

State Zip Code  
AZ 85282

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF ARIZONA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 27 / 2013

Transaction ID : SA11AI.4244

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. S. RUSSELL VESTER**

Mailing Address 6525 GIVEN ROAD

City State Zip Code  
 CINCINNATI OH 45243

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVTS, INC.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 28 / 2013

Transaction ID : SA11AI.4187

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. DR. SALIM M. WALJI**

Mailing Address P.O. BOX 4488

City State Zip Code  
 ALBUQUERQUE NM 87196

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LOVELACE MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 28 / 2013

Transaction ID : SA11AI.4189

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. DR. I-WEN WANG**

Mailing Address 12642 SHOREVISTA DRIVE

City State Zip Code  
 INDIANAPOLIS IN 46236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INDIANA UNIVERSITY HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 29 / 2013

Transaction ID : SA11AI.4273

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. ROBERT WELSH**

Mailing Address 1160 LAKE ANGELUS SHORES

City State Zip Code  
 LAKE ANGELUS MI 48326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 MIDWEST THORACIC SURGEONS

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 29 / 2013

Transaction ID : SA11AI.4275

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. DR. RANDALL K. WOLF**

Mailing Address 4445 LAKE FOREST DRIVE

City State Zip Code  
 CINCINNATI OH 45242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 COMMUNITY HEALTH NETWORK

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2013

Transaction ID : SA11AI.4122

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. DR. DOUGLAS E. WOOD**

Mailing Address 1944 15TH AVENUE EAST

City State Zip Code  
 SEATTLE WA 98112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 UNIVERSITY OF WASHINGTON

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 27 / 2013

Transaction ID : SA11AI.4248

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. ROBERT A. WYNBRANDT</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 28 / 2013 <b>Transaction ID : SA11AI.4191</b>	
Mailing Address 921 DRYDEN LANE		Amount of Each Receipt this Period 500.00	
City HIGHLAND PARK	State IL	Zip Code 60035	
FEC ID number of contributing federal political committee. C			
Name of Employer SOCIETY OF THORACIC SURGEONS	Occupation EXECUTIVE DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period	
City	State	Zip Code	
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period	
City	State	Zip Code	
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		500.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶		39145.00	

